

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000219852

Entity Name: FEASDI LLC

Current Principal Place of Business:

10 BETMARLEA RD
NORWALK, CT 06850

Current Mailing Address:

10 BETMARLEA RD
NORWALK, CT 06850 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BYCK FINANCIAL SERVICES INC
11245 MAINSAIL CT
WELLINGTON, FL 33449 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------|-----------------|--------------------|
| Title | MGR | Title | MGR |
| Name | RAMESH, SASIREKHA | Name | SRINIVASAN, RAMESH |
| Address | 10 BETMARLEA RD | Address | 10 BETMARLEA RD |
| City-State-Zip: | NORWALK CT 06850 | City-State-Zip: | NORWALK CT 06850 |
| | | | |
| Title | MGR | | |
| Name | STEINKAMP, MAARTEN | | |
| Address | KONINGSTRAAT 3C | | |
| City-State-Zip: | HAARLEM NL 2011T-B | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SASIREKHA RAMESH

MANAGING MEMBER

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date